EDITORIALS

The Third Segment of Medical Education

MEDICAL EDUCATION has traditionally been more or less divided into two segments. Undergraduate education, the training of medical students, is the oldest. Then the formal training of interns, residents and fellows was added and has become a recognized second segment. Although it is well known and often preached that medical education for practicing physicians is a lifetime affair, this third segment of medical education has so far received considerably less attention and consequently is much less developed.

Continuing education, as this third segment is commonly called, is now starting to come into its own. This is because scientific medicine and the so-called half-life of medical knowledge are advancing so rapidly that the experience every physician accumulates in practice and the knowledge gained from contact and discussion with colleagues is no longer enough to satisfy the physician himself, his patients or the public that he is indeed keeping abreast of all the new and useful things that can be brought to bear in patient care. So continuing education is in the process of becoming more formalized as it receives increasing attention from both the profession and the public. But there is quite a way to go before it is fully recognized as the third segment of medical education.

The three segments are distinct yet they form a continuum. They are distinct in the degree of patient care responsibility to be found in each. In undergraduate training there is little or no direct responsibility for patient care and the aim is to acquire the basic knowledge and skills to provide a framework for future learning. In postdoctoral training there is graduated but supervised responsibility for patient care and the aim is for the young physician to gain the knowledge, skills and experience to assume full responsibility for primary or specialty care in the field of his choice. In continuing education the aim is to assure that new knowledge from the laboratory and elsewhere is continually added to the knowledge a physician accumulates from his practice experience so that his care of patients remains up to date and of high quality.

It is suggested that continuing medical education should become fully recognized as a genuine third segment of medical education. If this is to occur there is need to come to grips with such things as what should be taught, by whom, to whom and by what means, and how this educational effort is to be linked to the actual and perceived needs of the physician and the needs of his patients in his own practice situation. It may well be that the part played by medical schools and academic medicine should be substantially strengthened, particularly with respect to what should be taught, what is new and sufficiently proved to be added, and what has become obsolete and should no longer be used in practice. So far the role of the medical schools has been quite minor compared with the overall activities of medical associations, specialty societies, voluntary health agencies, pharmaceutical firms, travel agencies and others in both the public and private sectors.

Perhaps the fourth Planning and Goals Conference soon to be held by the California Medical Association will shed some much needed light on this whole very important subject.

—MSMW